

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/908,867 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3						
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30						
31						
32						
33	1					
34	1					
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		0		0		0
TOTAL DER.		0		0		0
TOTAL CLAIMS						

	* IND.		* DER.		* IND.		* DER.	
	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
51								
52								
53	1							
54		4						
55		4						
56		4						
57		4						
58	1							
59	1							
60		2						
61		2						
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99								
100								
TOTAL IND.	8							
TOTAL DER.	36							
TOTAL CLAIMS	44							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS